# MEETING MINUTES

| Project Name: IPRS | Doc. Version No: 1.0 | Status: Final |
|---|---|---|

| | |
|---|---|
| **Meeting Name:** | IPRS Core Team Meeting |
| **Facilitator:** | Eric Johnson, DMH |
| **Scribe:** | Theresa Sherman |
| **Date:** | 3/12/2008 |
| **Time:** | 10:30 – 11:30 AM |
| **Location:** | Wycliff Room 429 |

## IPRS Core Team Attendees:

| | | | |
|---|---|---|---|
| | Gary Imes | **Others:** | |
| | Thelma Hayter | x | Cathy Bennett |
| x | Eric Johnson | x | Sandy Flores |
| | Travis Nobles | x | Paul Carr |
| | Cheryl McQueen | x | Theresa Diana |
| | Joyce Sims | | Chris Ferrell |
| x | Jamie Herubin | x | Rick Kretschmer |
| x | Mike Frost | | Deborah LeBlanc |
| x | Myran Harris | | Tim Sullivan |
| | | x | Theresa Sherman |

## Attendees:

| | | | |
|---|---|---|---|
| x | Alamance-Caswell | x | Johnston |
| x | Albemarle | x | Mecklenburg |
| x | Catawba | x | Onslow-Carteret |
| x | Centerpoint | x | OPC |
| x | Crossroads | x | Pathways |
| x | Cumberland | x | Sandhills |
| x | Durham | x | SE Center |
| x | Eastpointe | x | SE Regional |
| x | ECBH | x | Smoky Mountain |
| x | Five County MHA | x | The Beacon Center |
| x | Foothills | x | Wake |
| x | Guilford | x | Western Highlands |

| **Attendees:** | | |
|---|---|---|
| **Item No.** | **Topics** | 1. Roll call<br>2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**<br>3. Upcoming Check-writes (cut-off dates) – March 13, 20<br>4. Agenda items<br> • **PHI**<br> • Beta Test (NPI) Requirements Review<br>  ▪ 100 records/LME/submission; Format test; full cycle run, 835<br>  ▪ **Update schedule termination: TBD**<br> • IPRS Questions or Concerns<br> • MMIS Updates-Chris Ferrell / Theresa Diana<br><br>5. DMH and/or EDS concluding remarks<br><br>  a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.<br>   i. Physician phone analyst (i.e. Independent Mental Health Providers)-1<br>   ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2<br>6. Roll Call Updates |

**Next Meeting: March 19, 2008**

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355
M-F, 8 a.m.-4:30 p.m., excluding holidays.
IPRS Question and Answer email address – iprs.qanda@ncmail.net

| ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL) | |
|---|---|
| **Item No.** | **Topics** |
| 1. | Roll Call |
| 2. | Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.** |
| 3. | **Upcoming Checkwrites** (cut-off dates)<br><br>March 13, 20 |
| 4.<br><br><br><br><br>5 | **Agenda items**<br><br>• **PHI**<br>• Beta Test (NPI) Requirements Review<br> ▪ 100 records/LME/submission; Format test; full cycle run, 835<br> ▪ **Update schedule termination: TBD**<br>• IPRS Questions or Concerns<br>• MMIS Updates-Chris Ferrell / Theresa Diana<br><br>• DMH and/or EDS concluding remarks<br><br>• For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.<br>• Physician phone analyst (i.e. Independent Mental Health Providers)-1<br><br>• Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2<br><br>• Roll Call Updates<br><br><br>(Eric) We had a Checkwrite last week and the cut off was the sixth of March and we have a Checkwrite this week.  The cutoff is tomorrow the thirteenth, are there any questions in regard to the past Checkwrite?<br><br>(Albemarle) (Victoria) I have a question about the 90801 rate for the clinical intake.  For our services January 1, we received a reduced rate for that $120.30 we received $116.12, has the rate been changed? There is not a fee change out on the fee schedule. (Eric) I don't have the fee schedule right in front on me right now and I'm not aware of anything that has been changed. We can take a look at that for you. Do you have an ICN you can submit to us?  (Victoria) Yes, I'll do that.<br><br>(Eric) There is a new agenda item added on.  We have a couple of write in items, but just add that we still have the PHI on there and want to give a follow up as to what the discussion was last week. It was a notification, about being more careful of the PHI that we send in emails that are open and not secured.  We are going to follow up more, send more reference to actual policy, Mental Health Policy or DHHS Policy as to certain procedures to use when sending PHI over electronic format or just faxing.  But the ICN, client ID or date of birth along with social security number and personal items like that are considered PHI and they need to be protected.<br><br><br>(Eastpointe) (Terry) How about if you send the ICN number, is that still PHI?<br>(Eric) From our understanding it is PHI. So you have to protect the ICN as well.<br>(Eric) Are there any other questions in regard to that item? |

(Eric)  We want to give our normal encouragement to continue to try to get the 837 NPI Beta Tested, as well as your format testing. To be a little more specific on that, we have noticed there are approximately eleven LMEs that have not participated in the Beta Testing and not to call out anybody in particular, but we want to know if there is anything that needs to be done in order to help you get this Beta Testing accomplished or get started.  Is there anything we need to clarify at this point or is there is something that you need on your side that we need to be aware of regarding an issue you are facing?

(Centerpoint) (Bonnie) I did have a question about that. We submitted a format and  content test for NPI only.  We received the 835 back with legacy data only on NPI, my question is will we continue getting the 835 in the current Legacy format after the May 23 implementation of the NPI? (Paul) You will get back only the NPI after May 23, but during transition the idea was to provide both if requested by the LME. For your beta testing, you should be receiving the NPI version of the 835.  (Rick) Currently, in production, we can provide the NPI version of the 835. But everybody will get the Legacy version by default. So LMEs can get the NPI version in addition to the Legacy version. Regards to testing, I agree with Paul that we should be using the NPI version of the 835  in their testing. (Bonnie) Ok, so Paul will take another look at it, since it has a Legacy and call me back?  (Paul) Yes, definitely. (Bonnie) I appreciate it that you'll call me back. Thank you.

(Western Highlands) (Tom) I just want to know that I understand what is going to happen after May 23, you are saying we are going to receive two separate 835's with Legacy and 835 without NPI and 835 with only NPI claims activity. (Eric). Come May 23, the idea is to send out 835 with the NPI number on it.  As Rick pointed out, between now and May 23 LMEs can request that we send the NPI version in addition to the Legacy version.

(Western Highlands) (Tom) We are still presenting claims with Legacy after May 23. (Rick) Yes, if you are Atypical. (Paul) For you Tom you will continue to send in the Legacy Billing number, but your Attending Provider will come in with the NPI and you will get the NPI back for Attending Provider. (Tom) I have some Providers that have declared themselves as Atypical. (Paul) Then they will continue to submit Legacy and get Legacy back. (Tom) Ok. Then I will get a separate Legacy 835 and separate NPI 835? (Paul) No, after May 23, you will get one 835 that will be NPI. So, if you submitted an NPI, you will get back an NPI, if  you submitted a Legacy, you will get back a Legacy. (Tom) So a single 835 with all the claims activities.  (Eric) Correct.  Are there other questions in regards to that?

(Eric) We do have a couple of write-in agenda items to discuss.

(EDS) (Jamie) A couple of announcements for everyone; first, regarding the quarterly security audits that Kellie Fessler from EDS sends out to the Site Coordinators. She sent those out with the expected response of March 20th, so if you are a coordinator and received the email, I encourage you to send back a response to Kellie as soon as you can with that information. Any questions on that? The second announcement I had is regarding the IPRS Internet Home Page, on Monday we sent out a User Alert notifying everyone that some users were experiencing access issues to the Internet Home Page and it turns out that we had a hardware failure on our side where the webpage had to be moved to a new server and we are requiring that everyone at this point enter in the email address (URL) using the https prefix, instead of just http. I just want to ask everyone if anyone is experiencing any access issues to the Internet Home Page now. We are not aware of any, but is anyone on the phone having any access issues?

(Mecklenburg) It appears that about 4:30 or so each day when we are working the IPRS browser it seems not to take the CNDS crosswalk information. I don't know if there is an upload or something is happening at that time about 4:15 to

5:00 clock where sometimes it just stops taking our information. I don't know if anyone is experiencing that.

(Sandhills) We are having the same problems. We cannot access it after 4:15 for ever. (ECBH) We are having the some problem too. (Eric) Ok, I think we got that. We do appreciate you all responding to this issue.  That is something we will look into too.

(EDS) (Jamie) We will take that back and look into it. So regarding the Internet Home Page, it sounds like everyone is able to access the site using the https prefix.  The network department is currently looking into opening that back up where you can access it using http if that's how you've been doing it.  We are taking a look at that and if it is possible to open the back up, we'll let you know and we'll let you know the status one way or another in a future User Alert. (Eric) Thanks Jaime.  Are there any IPRS related questions?

(Onslow) (Donna) This is both IPRS and Medicaid. It has to do with the location code on the form. I don't know if anyone else is having any problem with that, but this has been a long on-going problem for us. We get a denial code that the Service Facility Location is invalid.  Is Home no longer a Service Location? (Eric) Is that part of the error message? (Donna) That is the error message, our denial code is 8534. Service Facility Location invalid. (Paul) That pertains to the actual Service Facility Location that you are submitting on the claims, not the place of service. (Donna) Ok. But that's the code we get whenever we use the "12", it doesn't seem to be the problem. (Paul) Those two are unrelated as far as that denial. (Donna) Ok, I will let them know that. (Eric) If you find that you need further assistance, send an ICN. (Jamie) You also can contact Provider Services.

(Johnston) (Janis) We had requested some realignment and I wanted to know, is there any particular report that I can keep a check on file here to your check run to see the realignment is done or do I have to wait until the check run? (Eric) I don't think that is updated on a report until after that Monday. No, you are not going to see anything prior to the Checkwrite, you might just have to wait until afterward.

(OPC) (Bhavini) It may have been said before but what is happening with the Crisis budget? (Eric) Yes, we discussed that this morning and we will have a response for you this afternoon, (OPC) Ok. Let me re-clarify this, the reprocessing you all send, is that for a specific crisis Pop Group or was that regarding a specific procedure code that were covered under the crisis funding?  (Jamie) It is for all procedure codes that were covered under the crisis group and that received an EOB 8508 that we recouped and reprocessed – also it was only for non-single stream LMEs. There was a group of about seven or so Procedure Codes that we recouped claims for. (Bhavini) Will it help if I send you some ICN? (Eric) No, not really, I think it's just the clarification that it's not just those two, it's all of the codes that are under the crisis code period. (Bhavini) it's only two procedure codes. (Eric) Everything you have submitted as far as those two codes were concerned, they have been recouped and if they could have been repaid it would have happened already. There is nothing else that we can tell you that the number you are looking at, the difference between the two might be or probably has been recouped.

(Eric) Are there other IPRS related questions? If there are not other IPRS related we will move to Medicaid update first and than some questions after.

(Theresa D.) I just wanted to point out that on the DMA website the April 2008 basic Medicaid billing guideline was posted on Monday the 10th and there is a brand new, Section 11 which  was  dedicated to NPI, which had not previously been published in any Medicaid billing guideline,  so please check that out. Are

Integrated Payment and Reporting System (IPRS)

there any questions about that?

(Onslow) (Donna) This is just to stress my frustration over the normal crisis, I sent a statement to Q&A expressing my frustration, but I haven't had any kind of response to date on this. We are required to send the H2011 to third party insurance; Medicaid seems to be my problem. They send back a claim indicating a code M51 which is missing incomplete, invalid Procedure Code. They are not going to recognize this code. I even talked to somebody about it in Medicare; Medicare said that they denied the covered service. I can get a verbal response on that, but I can't get it in writting from them other than that it is missing, incomplete or invalid Procedure Code. When I get that, I send it in with a copy of the RA and then I get something back saying that they are not going to override the Medicaid denial, then I highlight it and send it back again thinking maybe they are just not catching the code. Then, I get it back again with a cover sheet stating no cost share is indicated on the Medicaid EOB. They are not recognizing the code, there is not going to be a cost share indicated on that. It denied and that's the best kind of code we are going to get from Medicare, so what am I supposed to tell the Provider? Just hang it up? You can't get any payment any from Medicaid?

(Theresa D) The first thing is that cost share; it seems like what can be interpreted as an HMO or which obviously I can't see right now, but whatever documentation that you are sending is not being interpreted as Medicare documentation. (Donna) I am getting the copy right off line of the Medicare RA (Theresa D) Are you using the resolution required form? (Donna) Originally yes. The next time I send it in, they don't send it back to me, but this last time I even sent a copy of the statement that I sent to Q&A, I send that along with it, I got that back,  but I don't get the others back. They are just not acknowledging the denial. They will come up with a better code or it will be returned and it will always come back with this M51 missing incomplete, invalid Procedure Code. (Theresa D) Do you know when that question was sent into Q&A? (Donna) Yes, the 21st of February. (Theresa D) We will look into that question Donna and let you know. I may ask for an example depending on how the question is presented. Are you actually getting a denial 68?  Is that what you are seeing on the RA? (Donna) No, on Medicaid? I'm not even getting them processed. They keep returning my claims. The last one was checked off no cost share indicated on Medicaid EOB. (Theresa D) That probably was interpreted as an HMO so that is why you got that letter. We will look into the question and get back to you.

(Catawba) (Jeanna) A couple of weeks ago, I had asked if Medicaid was going to stick with the 6/30/08 deadline for provisionally licensed staff.  Also, is the Division of Mental Health going to stick with the 6/30 deadline on which services the State agrees to pay for? Have you gotten any word back from any one of those groups?  (Eric) We do remember those questions. We have inquired into that with the Division folks, and we have not received any clarification or direction one way or another with regard to those questions. (Jeanna) One more question about the https verses the http, I can access the webpage from either direction, is that not correct? (Jamie) Were you able to do that yesterday or was that something just recently that changed or were you able to get it without the S (Jeanna) Yesterday, today, the day before, I can access it even before that. (Jamie) Jeanna, if you could, would you mind sending in your IP address. If you can send that information to IPRS Q&A our Network group can use that and research the issue and figure out why yours is a little different than most people when using http.

(Eastpointe) (Terry) I could get to it using http as well. (Jamie) Maybe it is just an issue limited to a selected population of LME's that cannot get to it using the "http". If you can send in your IP address and our Network department can narrow down the issue. (Eric) If you don't personally have it, give your IP address or contact your local IT person and they can help you get it. (Eric) Are there any

other related Medicaid questions? (Eastpointe) (Terry) Theresa D. I believe this is a question for you. In the March 4 Bulletin, I know that this has been asked before, but I just want to make sure about the Medicaid credit balance report that needs to be sent in, If there is no credit balance report to be sent , do we still have to send one? I know it states here for Hospital and Nursing Facilities that's still required.  But do we still have to send one in?

(Theresa D) If you do not have any outstanding balances, no you do not need to send one in.  (Terry) Ok. Also, Theresa, do you have a number that I can contact you directly with an issue that we have? (Theresa) Actually, if you can email me, it's [theresa.diana@eds.com](mailto:theresa.diana@eds.com). (Terry) Thanks. Theresa, About a year ago or maybe longer there were some codes that the edit was pointing to 320; is there a way to bill directly to Medicaid or is there a list anywhere with those codes on it? (Theresa) Not that I can think of. Is it related to Medicaid only? (Terry) Yes, it was just a bunch of codes and it was listed for so that you wouldn't have to bill to a 3$^{rd}$ party, so I just wondered if there was a list with all those codes on it. (Eric) We will look on our side; I think I do remember that going out.  We'll look and give it to Theresa so she can confirm that nothing has changed.  Any more Medicaid related questions?

(Western Highlands) (Tom) I have an IPRS question. Can LMEs still expect the Division to do things a standard sliding scale fee. (Eric) Was this a question a few weeks ago and I think that Wanda was supposed to do some follow up on it? Did you ask this question a few weeks ago? (Tom) I brought it up before. (Eric) I remember the question, but for some reason I thought Wanda was going to follow up on this. I don't have an answer to that. I'll look at my notes to see if and when it came up again.  At this point, I don't believe there is a response from the Division but I will try to follow up on that. (Tom) The question Wanda took back was a standard definition for family income and family size that CDW will begin collecting. (Eric) Yes, I spoke to Wanda about that this morning and she unfortunately was not able attend this meeting today and as well she was not able to get that answer. She is going to look into it as soon as she can get some time to get a response to you. (Tom) All right. (Eric) Are there other related questions? Ok. We will conclude this call.


**DMH and/or EDS Concluding Remarks:**

For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.

- o  Physician phone analyst (i.e. Independent Mental Health Providers)-4706

- o  Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) -  4707

**Roll Call Updates**